

**CLAIMS ONLY**

Application Number

**Filing Date**

Applicant's

CLAIMS		AMENDMENT		AMENDMENT		AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep
1							
2							
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46							
47							
48							
49							
50							
Total	9	14					
Indep	9	14					
Depend	44	35					
Total	52	49					
Claims	52	49					